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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|                                                                               |   |                        |                            |
|-------------------------------------------------------------------------------|---|------------------------|----------------------------|
| <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION<br/>(37 CFR 1.63)</b> |   | Attorney Docket Number | RCA 89210                  |
|                                                                               |   | First Named Inventor   | Aaron Hal Dinwiddie et al. |
| <b>COMPLETE IF KNOWN</b>                                                      |   |                        |                            |
| Application Number                                                            | / |                        |                            |
| Filing Date                                                                   |   |                        |                            |
| Group Art Unit                                                                |   |                        |                            |
| Examiner Name                                                                 |   |                        |                            |

As a below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR UPDATING COMPUTER CODE USING AN INTEGRATED CIRCUIT INTERFACE**

the specification of which *(Title of the Invention)*

is attached hereto  
OR  
 was filed on November 3, 1999 as United States Application Number or PCT International

Application Number PCT/US99/25253 and was amended on (MM/DD/YYYY) December 21, 2000 (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign | Foreign Filing Date | Priority                                                                                                     | Certified Copy Attached?<br>YES      NO                                                                      |
|---------------|---------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|               |                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |                                                                                                                                                  |
|-----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 60/106,809            | November 3, 1998         | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                               |                  |                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------|
| Direct all correspondence to: <input type="checkbox"/> Customer Number<br>or Bar Code Label                                                                                                                                                                                                                                                                                                                                                                                      |                             | <input type="text"/>                                                          |                  | OR <input checked="" type="checkbox"/> Correspondence address below |
| Name <u>Mr. Joseph S. Tripoli - Patent Operations</u>                                                                                                                                                                                                                                                                                                                                                                                                                            |                             |                                                                               |                  |                                                                     |
| Address <u>THOMSON multimedia Licensing Inc.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             |                                                                               |                  |                                                                     |
| Address <u>PO Box 5312</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                               |                  |                                                                     |
| City <u>Princeton</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                             | State <u>NJ</u>                                                               | ZIP <u>08540</u> |                                                                     |
| Country <u>US</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                             | Telephone <u>609-734-9875</u>                                                 |                  | Fax <u>609-734-9700</u>                                             |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |                             |                                                                               |                  |                                                                     |
| NAME OF SOLE OR FIRST INVENTOR :                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                  |                                                                     |
| Given Name<br>(first and middle [if any]) <u>AARON HAL</u>                                                                                                                                                                                                                                                                                                                                                                                                                       |                             | Family Name<br>or Surname                                                     | <u>DINWIDDIE</u> |                                                                     |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Aaron Hal Dinwiddie</u>  |                                                                               |                  | Date <u>4/9/01</u>                                                  |
| Residence: City <u>CICERO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State IN <u>IN</u>          | Country US                                                                    | Citizenship US   |                                                                     |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                               |                  |                                                                     |
| Mailing Address <u>1075 Bear Cub Drive</u>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                             |                                                                               |                  |                                                                     |
| City <u>Cicero</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State IN                    | ZIP <u>46034</u>                                                              | Country US       |                                                                     |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                  |                                                                     |
| Given Name<br>(first and middle [if any]) <u>KEVIN EUGENE</u>                                                                                                                                                                                                                                                                                                                                                                                                                    |                             | Family Name<br>or Surname                                                     | <u>NORTRUP</u>   |                                                                     |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>Kevin Eugene Nortrup</u> |                                                                               |                  | Date <u>4/19/01</u>                                                 |
| Residence: City <u>FAIRLAND</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State IN <u>IN</u>          | Country US                                                                    | Citizenship US   |                                                                     |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                                                               |                  |                                                                     |
| Mailing Address <u>7477 North London Road</u>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                             |                                                                               |                  |                                                                     |
| City <u>Fairland</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State IN                    | ZIP <u>46126-9669</u>                                                         | Country US       |                                                                     |
| <input checked="" type="checkbox"/> Additional inventors are being named on <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.                                                                                                                                                                                                                                                                                                                    |                             |                                                                               |                  |                                                                     |

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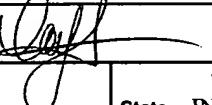
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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet

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|                                            |                                                                                     |                                                                               |                       |                       |
|--------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------|-----------------------|
| Name of Additional Joint Inventor, if any: |                                                                                     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |                       |
| Given Name (first and middle [if any])     |                                                                                     | Family Name or Surname                                                        |                       |                       |
| <u>DEREK</u>                               |                                                                                     | <u>LIU</u>                                                                    |                       |                       |
| Inventor's Signature                       |    |                                                                               |                       | Date <u>4/11/2001</u> |
| Residence: City                            | <u>CARMEL</u>                                                                       | State <u>IN</u>                                                               | Country <u>US</u>     | Citizenship <u>CN</u> |
| Mailing Address                            |                                                                                     |                                                                               |                       |                       |
| Mailing Address                            | 12523 Pebble Knoll Way                                                              |                                                                               |                       |                       |
| City                                       | Carmel                                                                              | State <u>IN</u>                                                               | ZIP <u>46033</u>      | Country <u>US</u>     |
| Name of Additional Joint Inventor, if any: |                                                                                     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |                       |
| Given Name (first and middle [if any])     |                                                                                     | Family Name or Surname                                                        |                       |                       |
| <u>YEFIM</u>                               |                                                                                     | <u>VAYL</u>                                                                   |                       |                       |
| Inventor's Signature                       |  |                                                                               |                       | Date <u>4.9.01</u>    |
| Residence: City                            | <u>CARMEL</u>                                                                       | State <u>IN</u>                                                               | Country <u>US</u>     | Citizenship <u>US</u> |
| Mailing Address                            |                                                                                     |                                                                               |                       |                       |
| Mailing Address                            | 14360 Witworth Drive                                                                |                                                                               |                       |                       |
| City                                       | Carmel                                                                              | State <u>IN</u>                                                               | ZIP <u>46033-8610</u> | Country <u>US</u>     |
| Name of Additional Joint Inventor, if any: |                                                                                     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                       |                       |
| Given Name (first and middle [if any])     |                                                                                     | Family Name or Surname                                                        |                       |                       |
|                                            |                                                                                     |                                                                               |                       |                       |
| Inventor's Signature                       |                                                                                     |                                                                               |                       | Date                  |
| Residence: City                            |                                                                                     | State                                                                         | Country               | Citizenship           |
| Mailing Address                            |                                                                                     |                                                                               |                       |                       |
| Mailing Address                            |                                                                                     |                                                                               |                       |                       |
| City                                       |                                                                                     | State                                                                         | ZIP                   | Country               |

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